WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

APR 25 1934

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

10726

1. PLACE OF DEATH

County ..... Registration District No. 791

Township St. Louis Primary Registration District No. 1003

City St. Louis (No. St. Anthony Hospital St. ..... Ward)

File No. ..... Registered No. 2549

2. FULL NAME Jessie Dora Fritsche

(a) Residence, No. 3148 Portis St., 17 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 31 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Eugene E. Fritsche

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 10 1877

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
56	5	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hannibal Mo.

FATHER

13. NAME William Hist.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Eugene E. Fritsche 3148 Portis Ave.

18. BURIAL, CREMATION, OR REMOVAL

PLACE St. Mathews DATE March 15, 1934

19. UNDERTAKER (ADDRESS) G. H. McLaughlin 1631 Missouri Ave.

20. FILED MAR 14 1934 19 J. S. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 12, 1934

22. I HEREBY CERTIFY, That I attended deceased from March 3, 1934 to March 12, 1934, 19..

I last saw her alive on March 12, 1934. Death is said to have occurred on the date stated above, at 10:30 P.M.

The principal cause of death and related causes of importance were as follows:

Mesentery Embolism. duration: 3 days

Date of onset

Other contributory causes of importance:

Fibroid Uterus (Non Malignant)

Name of operation Hysterectomy Date of 3/3/34

What test confirmed diagnosis? Physical Was there an autopsy? no and clinical findings.

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) A. L. Hertel, M. D.

(Address) 3608 S. Grand Blvd.

100M-11-24-33